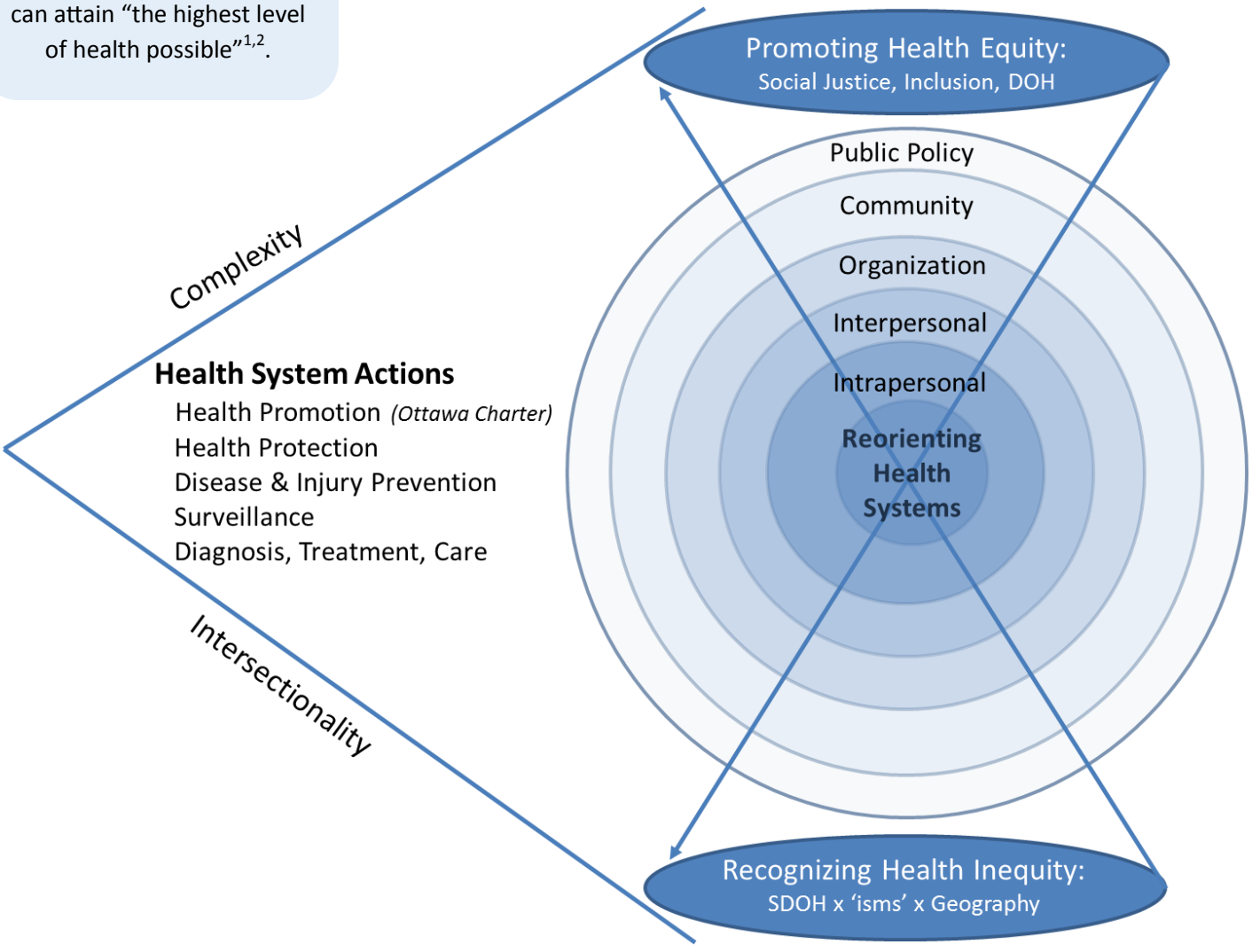
Reorienting Health Systems Towards Health Equity

The Systems Health Equity Lens

Improving population health outcomes requires reorienting health systems towards health equity. The **Systems Health Equity Lens (SHEL)** was developed as part of the Equity Lens in Public Health (ELPH) program of research with this aim. It is founded on public health values of social justice, to support health equity action across health systems. The **SHEL** is designed to inform health system planning and actions using a socio-ecological model to shift the health system towards health equity as a value, priority and set of actions across all levels. This will result in a more equitable health system, and ultimately reduce inequities and improve population health.

Health equity means addressing unfair and unjust conditions so that everyone can attain "the highest level of health possible"[1,2].



Systems Health Equity Lens (SHEL)

The SHEL has a dual focus on: 1) understanding and recognizing the root causes of health inequities; and 2) strengthening actions that promote health equity. This shifts attention away from attempts to identify 'vulnerable' or 'at-risk' populations to a focus on *systems*, *structures* and *processes* that create disadvantage and vulnerability. The **SHEL** prioritizes systematic patterns of disadvantage; differences in power and privilege; and the importance of social inclusion and representation.

Recognizing Health Inequities

It is important to consider how societal circumstances (history, policies, economics and politics), one's social positioning (e.g., age, sex/gender, ethnicity, social class, ability), and geographies (e.g., urban, rural, remote) impact access to health resources and determinants (e.g., housing, income, social support, health services), and health outcomes[2]. The processes that influence social positioning, such as racism, colonialism, gender discrimination, sexism, and ableism, can be implicitly or explicitly present in health system policies and practices[3]. Through recognizing and identifying these root causes of inequities, the pathways to reducing health inequities and promoting health equity become more evident.

Promoting Health Equity

Recognizing and identifying health inequities alone will not reorient health systems towards health equity. A focus on *promoting* health equity, guided by social justice values, is also needed. It is necessary to consider how to modify social, economic and political structures and systems to distribute resources for health more fairly. These resources include power, privilege and the determinants of health. Inclusion and representation are central to shifting power relations which is necessary for promotion of health equity. For example, strengthening community actions, and including community partners and people with lived experience as full partners in decision making processes, are crucial strategies.

To reduce health inequities and promote health equity, it is essential to explore where these social processes intersect with health systems, and intervene accordingly. How is racism, sexism or ageism, for example, expressed in health systems? Who holds the balance of privilege and power in health system decision making? How is health impacted by relative advantage and disadvantage? How will such inequities be addressed?

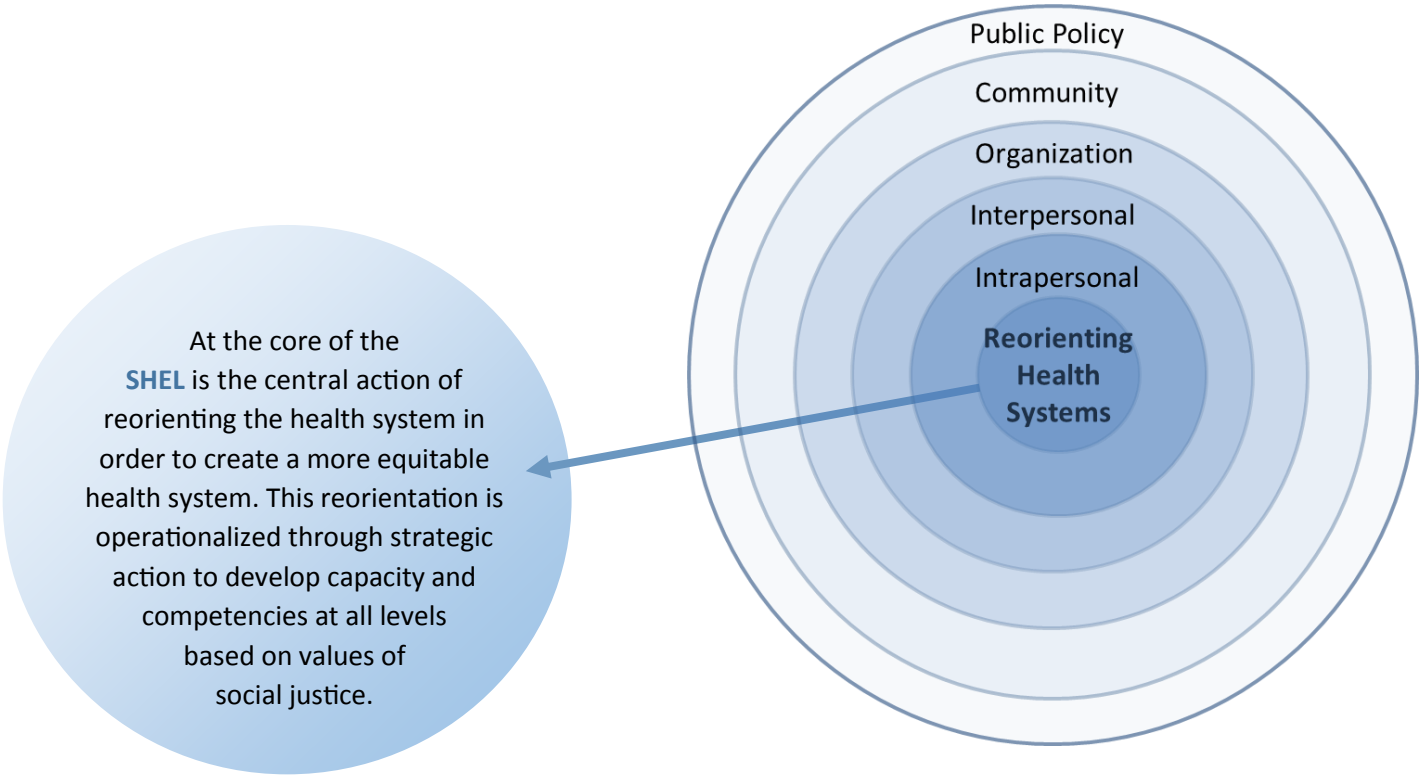
Complexity and Intersectionality

Intersectionality and complexity are the theoretical foundations of the **SHEL**. Health equity in health systems is often understood by fragmenting people into individual parts of their identities, (e.g., separate strategies for Aboriginal health, women's health, and rural health) rather than recognizing the complexity of lived realities. Applying intersectionality would consider how different constructions of identity and forms of discrimination *intersect* to create disadvantages and inequities in social position[4]. For instance, Aboriginal health strategies would also consider gender and poverty, while women's health strategies would also consider racism, classism and other sources of inequities. Complexity theory extends this to include consideration of institutional structures, arrangements and political agendas that impact people's social positions and subsequent access to resources for health. Given that health systems are complex, intersectionality and complexity are important frames for understanding responses that require strategic action at all levels of the system to be effective.

"Social injustice is killing people on a grand scale" [1]

Reorienting Health Systems

The **SHEL** aims to support actions that reorient health systems so policies, programs, strategies, and services are better poised to reduce inequities and improve population health. The **SHEL** reorients the health system towards equity through strategic action to build capacity and competency for health equity action at multiple levels using a socio-ecological model (SEM).



Intrapersonal Level

All health system staff need to be supported to develop health equity competencies and structural competencies. This includes increasing awareness and recognition of social, political, and economic root causes of inequities and recognizing the role of power differentials, colonial systems, legislation and policies that create conditions that produce inequities. To promote health equity, staff must become competent in practices of social inclusion and representation and be able to assess whether proposed strategies will both reduce inequities and improve population health.[5]

Interpersonal Level

Social support networks grounded in social justice and health equity need to be created and strengthened. Professional networks and coalitions need to be developed for providers, with a focus on health equity, to increase equity competencies. Staff must strive to establish strong linkages and networks for individuals with family, peers, community groups, and providers that are culturally safe, supportive, and welcoming. They must learn to recognize their own position in the health system, and how their relative power and privilege may impact populations accessing programs and services. Providers must be skilled in the delivery of culturally safe, trauma and violence informed (TVI), and harm reduction approaches as these are critical to equity-oriented care.

Organizational Level

Clear policies for implementing health equity strategies across organizations need to be developed to build capacity. Explicitly including health equity in strategic plans, with dedicated resources and training to ensure collective competency, is necessary to create support for health equity work within organizations.

Health care organizations as a whole must provide, support and promote culturally safe and TVI environments that align with harm reduction principles. Although these approaches have typically been reserved for addressing service needs of specific populations, they are integral to addressing health system structures, processes, and service delivery models from a health equity perspective and necessary for systemic change. Promoting organizational and system-wide competencies related to these three approaches, from acute care services through to senior leadership, is critical.

> ***"International, national, and local systems of disease control and health services provision are both a determinant of health inequities and a powerful mechanism for empowerment"*** [5]

> ***Reorienting the health system towards values of social justice begins with each person in the health system understanding root causes of health inequities, and their positioning in relation to these inequities.***

Community Level

It is important to focus on the role of communities in identifying and recognizing health inequities and mobilizing strategies to reduce health inequities and promote health equity. Partnering with communities and those with lived experience to change the conditions that contribute to inequities within these communities is essential. Authentic partnerships with inclusion in the decision making process is crucial to support more effective and better-informed health equity strategies, strengthen trust, and begin to address imbalances in power. Strengthening community action through processes of community development is required, as well as working with communities to identify, enhance and enact strategies that are relevant, timely and appropriate.

Public Policy Level

Public policies need to be developed across all relevant ministries and sectors to create the conditions for health, and take action on the social determinants of health to reduce structural vulnerability. These should include a comprehensive health equity strategy for health systems, and offer practical guidance in terms of its application. Explicitly incorporating health equity at the public policy level is required to allow for prioritization at other levels of the system. Systematic application of health equity principles is needed across all policies to ensure that they align with health improvement and principles of social justice, and consider the potential for harm, as well as potential influence on health inequities and population health.

> ***Health systems have a role in promoting health equity to improve the overall health of the population, while striving to reduce health inequities.***

A General Frame for Action

The SHEL proposes a general frame for developing an overarching strategy for health equity work to reduce health inequities and improve population health. This engages four broad public health approaches: health promotion, health protection, disease and injury prevention, and surveillance.[7]

Health Promotion

Based on the Ottawa Charter, health promotion focuses on the conditions for health including building healthy public policies, reorienting health services, strengthening community action, creating supportive environments, and developing personal skills.[8] This orientation to health promotion can be a general frame for health equity work that can be applied across all sectors, and the health system, including acute care.

Health Protection

This includes identifying inequities in involuntary risk and exposure, and developing appropriate responses to remediate these in order to minimize health hazards, often through regulation and standards to protect environmental health.[9] Health protection must consider the potential for harm in the development and enactment of policies and practices, and recognize those most likely to be negatively impacted as a result of structural disadvantage. Alternative responses and policies should be developed in these scenarios that aim to provide necessary resources and supports to mitigate unintended harms.

Diagnosis, Treatment, and Care

This includes consideration of factors that may influence whether people seek timely and appropriate care for illness and injury, as well as whether appropriate diagnosis, treatment, and other services are received when sought. It is essential to consider barriers to accessing care such as geography and location of services. Barriers may also include a history of trauma or violence, and providers must seek to create a safe and welcoming space based on TVI and cultural safety principles. It is essential to recognize how stigma and discrimination may operate to reduce the likelihood of proper diagnosis and treatment for some clients. Furthermore, providers must strive to create a partnership with clients, to find treatment and rehabilitation programs that meet their needs, and take into account their unique social conditions that make some options less feasible or appropriate.

Disease and Injury Prevention

This includes developing strategies based on proportionate universalism that take into consideration that health inequities are distributed across the entire social gradient. Preventive interventions should be developed to target structural conditions that can create or increase health inequities associated with higher burden of disease and injury. Programs and services should be culturally safe, welcoming and comfortable to address stigma and discrimination, and specifically developed to address structural barriers to access such as cost, hours, and transportation.

Surveillance

This includes careful development of health equity indicators to enable measuring, monitoring and reporting on both health inequities as well as health equity. Linkage to other data should be facilitated to enable the relationship with other outcomes to be considered. Analysis of distribution of inequities and factors contributing to these should take into account root causes of inequities and principles of intersectionality such as intersecting social positions in design, analysis, and interpretation.

Proportionate Universalism

A key concept related to health equity is balancing targeted and universal approaches through action proportionate to both needs and levels of disadvantage in a population.[10] Priorities for programs and policies should be relative to need and must include a range of responses to ensure the entire population is proportionately allocated services. Focus should be placed on the systemic factors that impact health outcomes.

Using the Systems Health Equity Lens (SHEL)

The **SHEL** is a first step to embedding health equity as an explicit priority across health systems and reorienting health systems towards health equity. This lens can be used to:

- Guide development of an overarching health equity strategy and implementation plan at an organizational or systems level.
- Clarify shared understanding of health equity and a health equity lens and applicability to reducing inequities and promoting health equity.
- Inform design of training and education to foster health equity competencies for health system staff, including senior leadership, directors, managers and front line staff.
- Draw attention to root causes of inequities to inform health equity actions that address structural determinants of health to improve population health outcomes from within a proportionate universalism model.
- Inform surveillance activities and shift away from identifying vulnerable populations to identifying conditions that create vulnerability.
- Advocate for policy and practice changes at all levels, across all sectors, that align with health equity principles and strategies.
- Empower communities and community members in their relationship with the health system.

Health equity actions and initiatives are underway in many different parts of health systems, with considerable assets for this including commitments to Indigenous health, gender-based analysis, cultural competency and safety, and partnering with communities. The **SHEL** brings these pieces together in a comprehensive system-level approach to promote health equity. Importantly, the **SHEL** can reduce "lens fatigue" practitioners may experience from the direction to apply multiple lenses to their work such as a women's health lens, a gender lens, an Indigenous lens, or a rural lens. The **SHEL** brings these important lenses together by informing actions that can be tailored to consider all relevant perspectives as appropriate, in keeping with complexity and intersectionality perspectives. Projects are underway to apply the **SHEL** within the health system which will inform application of the lens, as well as evaluation of implementation within the health system and of impact on population health outcomes.

For more information visit: https://www.uvic.ca/elph/

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